

Maryland Motor Vehicle Administration 6601 Ritchie Highway, N.E. Glen Burnie, Maryland 21062

410-768-7000 1-800-950-1MVA CUSTOMER SERVICE CENTER

1-800-492-4575

Dear Applicant:

This letter is in response to your inquiry concerning the procedure for establishing a licensed driving school or licensed/certified driver education school. Enclosed are the necessary forms and the web address to access the State regulations that govern the establishment and operation of a driving school or driver education school. That address is:

www.mva.maryland.gov/ resources/docs/comar-11.23.02.pdf

Please carefully review the requirements that are specified in the regulations. You must submit the following documents to the Motor Vehicle Administration:

- Non-refundable application fee of \$180.00
- Completed application (school number will be provided by the MVA)
- Fire inspection approval for office (and classroom if applicable) on the MVA form
- Zoning approval for office (and classroom if applicable) on the MVA form
- Authorization for a criminal background check or, if not a Maryland resident, a criminal background check from the state of last residence. If applying for instructor license/certification, please follow the process for fingerprinting outlined in COMAR
- Copy of workman's compensation insurance (even if no other person will be employed)
- Copy of general liability insurance
- Surety bond for \$40,000.00 on the MVA form
- Proof of owner's graduation from high school or GED or college degree
- Proof of state and federal tax ID
- A completed instructor's application for at least one licensed (certified for driver education school) instructor with fingerprinting receipt from CJIS Central Repository
- A copy of the registration for each vehicle to be used for training (must be in school's name)
- An original certificate of insurance that covers all training vehicles (must be in school's name)
- An MVA vehicle certification form for each vehicle to be used for driver education
- A copy of the vehicle state inspection certificate unless the vehicle is new
- Corporation documents if applicable

A driving school not teaching the driver education course must submit a complete detailed copy of the curriculum as specified in COMAR 11.23.01 and a copy of the certificate that will be awarded to students who successfully complete their course. (The MVA provides those items for driver education schools).

A driving school license or driver education school license/certification is valid for two years and costs \$135.00 (in addition to the \$180.00 application fee). This fee covers the business office

and one classroom. The licensing fee will be collected after the application has been approved. Each branch location must be licensed individually, for two years, for an additional fee of \$135.00

Call (410) 768-7482 or (410) 424-3751 with questions



MOTOR VEHICLE ADMINISTRATION 6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062

Application for Driver's 30	moor Electr		
Please complete both sides of the ap	plication. Print	in ink.	
Application Filing Fee (not refundable) - \$1	180.00	Change of Officers - \$20.00	
Primary Facility - \$135.00		Change of Name - \$20.00	
Branch Facility - \$135.00		Duplicate School License - \$20	0.00
Renewal (Primary or Branch) - \$135.00		Change of Address - \$20.00	
☐ Video Use/Curriculum Changes		OTHER:	
(Must provide cd/dvd with application, also explain in add	ditional information)		
Name of School (as appears on surety bond)		School Nun	nher
Thank of concertas appears on safety sonay		School Wall	
Street Address (For action indicated above.)			Suite Number/Floor
Choose dates (i.e. dones maiores asores,			<u> </u>
City	County	State	Zip Code
,	,	¥	
Telephone Number		Fax Numbe	or .
,			
Email Address (MUST PROVIDE)		Web Addres	SS
4.			
PLEASE LIST ALL OWNERS, PARTNERS, AND	OFFICERS OF CO	RPORATION BELOW:	
Name of Owner, Partner, or Officer	Position	Driver's	License Number
Home Address	City	County	Zip
Date of Birth(Month/Day/Year)	Phone Number	Email Add	dress (Must Provide)
Name of Owner, Partner, or Officer	Position	Driver's Lic	cense Number
Home Address	City	County	Zip
Date of Birth(Month/Day/Year)	Phone Number	Email Add	dress (Must Provide)
Name of Owner, Partner, or Officer	Position	Driver's Lic	cense Number
Home Address	City	County	Zip
Date of Birth(Month/Day/Year)	Phone Number	Email Add	dress (Must Provide)

Has the applicant been previously licensed to operate a Driver's School? ☐ Yes ☐ No				
If yes, was the license revoked?				
Has any owner, partner, or corporate officer, listed ever been convicted of any violation of the Motor Vehicle laws in any state or territory? Yes No If yes, please explain in additional information section.				
Has any owner partner or corporate officer, listed ever been convicted of a crime, other than traffic violations, in any state or territory? Yes No If yes, please explain in additional information section.				
Has any owner partner or corporate officer, listed ever been convicted of a any violation of the Driver's School License Law as provided in Section 15-710 of the Transportation Article?				
Has any owner partner or corporate officer, listed ever been convicted of any crime of moral turpitude in any state or territory?				
Are any owners, partners, or corporate officers currently employed by the State of Maryland?				
If so, what agency?				
If your request requires additional information, please supply here:				
Signator Certification: It is illegal for anyone to give false or fictitious information for a Driver's School License. Since this certification is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her license cancelled.				
I/we certify under penalty of perjury, that the information stated herein is true and correct to the best of my/our knowledge, information and belief.				
Applicant's Signature Print Date				
Primary Facility Information Only The individuals listed below are authorized to sign on behalf of the Driver's School:				
Name Signature				
Name Signature				
Name Signature				
Name Signature				





FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION CLASSROOM

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires a fire safety certification for all classroom facilities used by drivers'/driver education schools.

THIS CLASSROOM MUST BE CERTIFIED ONLY AFTER THE CLASSROOM HAS BEEN COMPLETEY FURNISHED, EQUIPPED, AND SET UP FOR DRIVER EDUCATION CLASSES.

Please certify this site recognizing these specifications and complete this form.

This classroom:

- Will be used as an educational institution.
- Must meet the requirements of a drivers'/driver education classroom as stated in National fire Protection Association (NFPA) Chapter 38, Building Officials and Code Administrators (BOCA) Chapter 304, and/or any other relevant code, statute, or regulation.
- Will be furnished with a chair and writing surface for each student.
- Will require space for instructional equipment such as television, VCR, overhead projector, screen, etc.
- Will allow space for the instructor's desk or podium and for the instructor to utilize the equipment.
- Will allow storage space for books, papers, etc.

FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION CLASSROOM

Page 2		
THIS SECTION TO B	E COMPLETED BY THE APPL TION TO THE LOCAL FIRE SE	ICANT AND PRESENTED AT THE ERVICE AUTHORITIES.
Drivers'/Driver Educa Name:	cion School	
Site Address:		
City:	County:	State:
Zip Code:	Phone Number:	
THAT THE SITE LIS A DRIVER'S/DRIVE	TED ABOVE HAS MET ALL LO R EDUCATION SCHOOL CLAS	
education classroom	as stated in National Fire Prote de Administrators (BOCA) Cha	et the requirements of a drivers'/driver ection Association (NFPA) Chapter 38, apter 304, and/or other relevant codes,
Was this site certified	allowing for the specifications list	ted on Page 1 of this form?
What is the maximum	number of students permitted in t	the classroom?
Signature:	и	_ Date:
Printed Name:		
Official Title:	PI	hone Number:
Jurisdiction:		

PLEASE INCLUDE A MAXIMUM OCCUPANY NUMBER.

ALL BLANKS MUST BE COMPLETED.



FIRE SAFETY CERTIFICATION OF COMPLIANCE FORM FOR DRIVER EDUCATION BUSINESS OFFICE

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires a fire safety certification for all business office facilities used by drivers'/driver education schools.

THIS BUSINESS OFFICE MUST BE CERTIFIED ONLY AFTER THE OFFICE HAS BEEN COMPLETEY FURNISHED AND EQUIPPED.

Please inspect this site using these specifications and complete this form.

This business office:

- Will be used for enrollment and other business transactions related to the operation of an educational institution.
- Will require space for office equipment such as a desk, telephone, file cabinets, etc.
- Will allow space for the office employee to utilize the equipment.
- Will allow storage space for office supplies.

THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED AT THE TIME OF CERTIFICATION TO THE LOCAL FIRE SERVICE AUTHORITIES.

Drivers'/Driver Education			_
Office Address:			
City:	County:	State:	_
Zip Code:	Phone Number:		

FIRE SAFETY I Page 2	NSPECTRION FORM FOR DRIVER EDUCATION BUSINESS OFFICE
THAT THE SIT	TO BE COMPLETED BY THE FIRE SAFETY OFFICIAL VERIFYING TO BE LISTED ABOVE MET ALL LOCAL SAFETY REQUIREMENTS OF A VER EDUCATION SCHOOL OFFICE.
education school Building Official	does not meet the requirements of a drivers'/driver office stated in National Fire Protection Association (NFPA) Chapter 38 and/or s Code Administrators (BOCA) Chapter 304. ified allowing for the specifications listed on the front of this form?
What is the maxi	mum occupancy permitted in the office?
Signature:	Date:
Printed Name: _	Official Title:
Phone Number:	
	PLEASE SUBMIT A MAXIMUM OCCUPANY NUMBER.

ALL BLANKS MUST BE COMPLETED.

MVA APPRECIATES YOUR HELP.



ZONING APPROVAL FORM FOR DRIVER EDUCATION CLASSROOM

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires zoning approval for all classroom facilities used by drivers'/driver education schools.

Please consider these specifications when issuing zoning approval and completing this form.

This classroom:

- Will be used as an educational institution.
- Will not require parking lot spaces for the students because they are not yet licensed to drive.
- Will be furnished with a chair and writing surface for each student
- Will require space for instructional equipment such as a television, VCR, overhead projector, screen etc.
- Will allow space for the instructor's desk and for the instructor to utilize the equipment.
- Will allow storage space for books, papers, etc.

ZONING APPROVAL FORM FOR DRIVER EDUCATION CLASSROOM

Page 2

THIS SECTION TO BE OF APPROVAL TO THE		LICANT AND PRESENTED AT THE TIME THORITIES.			
Drivers'/Driver Education	n School Name:				
Site Address:		i i			
City:	County:	State: MD			
Zip Code:	Phone Number:				
THIS SECTION TO BE OF THAT THE SITE LISTE A DRIVERS'/DRIVER F	D ABOVE HAS MET A	LOCAL ZONING OFFICIAL VERIFYING ALL LOCAL ZONING REQUIREMENTS OF CLASSROOM.			
	This site does does not meet local zoning requirements including the issuance of a use and occupancy permit, if required.				
Was this site evaluated as	described on Page 1 of	this form?			
Signature:	,	_ Date:			
Printed Name		Official Title:			
Phone Number:		Jurisdiction:			

ALL BLANKS MUST BE COMPLETED.



ZONING APPROVAL FORM FOR DRIVER EDUCATION BUSINESS OFFICE

The Motor Vehicle Administration, in accordance with agency regulations 11.23.01 and 11.23.02, requires zoning approval for all business office facilities used by drivers'/driver education schools.

Please consider these specifications when issuing zoning approval and completing this form.

This office:

- Will be used for enrollment and other business transactions related to the operation of an educational institution.
- Will require space for office equipment such as a desk, telephone, file cabinets, etc.
- Will allow space for the office employee to utilize the equipment.
- Will allow storage space for office supplies.

THIS SECTION TO BE COMPLETED BY APPLICANT AND PRESENTED AT THE TIME OF APPROVAL TO THE LOCAL ZONING AUTHORITIES.

Driver's/Driver Edu Name:	cation School		×
Office Address:			
City:	County:	State:	
Zip Code:	Phone Number:		

ZONING APPROVAL FORM FOR DRIVER EDUCATION BUSINESS OFFICE Page 2

THIS SECTION TO BE COMPLETED BY THE THAT THE SITE LISTED ABOVE HAS MET A DRIVERS'/DRIVER EDUCATION BUSINES	ALL LOCAL ZONING REQUIREMENTS OF
This site does does not meet local use and occupancy permit, if required.	zoning requirements including the issuance of a
Did this site approval allow for the specifications	listed on Page 1 of this form?
What is the maximum occupancy permitted in the	e office?
Signature:	_ Date:
Printed Name	Official Title:
Phone Number:	

PLEASE SUPPLY A MAXIMUM OCCUPANCY NUMBER.

ALL BLANKS MUST BE COMPLETED.

ROLAN-3

OP ID: RB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/04/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE USTED BELOW HAVE BEEN ISSUED O THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF BY CONTRAC, AND OTHER DOCUMENT WITH RESPECT TO WHICH THIS SCRIFTING AND PERTAIN, THE INSURANCE AFFER ROLE BY HE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY ANY BEEN IN DUCED BY ALL POLICIES. LIMITS SHOWN MAY ANY BEEN IN DUCED BY PAIR DOLLAMS. THE OFFICE OF THE POLICY PERIOD PRODUCT OF THE POLICY PERIOD OF THE POLICY PERIOD CAMPS. THE TOTAL THE POLICY PERIOD PRODUCT OF THE POLICY PERIOD CAMPS. THE STORY PRODUCTS OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY ANY BEEN IN DUCED BY PAIR BY PAIR BY PAIR BY		of such endorsement(s).		NOY.				
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Glen Burnie, MD 21062



Surety Bond of Driver Education Program Know all persons by these presents: Trade Name Names of three officers of corporation shall be shown - plus trade name A close corporation shall show name(s) of Corporate Officer(s) - plus trade name Officer(s) Name(s) as Principal, and ___ (Name and address of bonding company) and authorized to do business in the a corporation organized and existing under the laws of the State of ____ State of Maryland as Surety, are held and firmly bound unto the Maryland Motor Vehicle Administration in the penal sum of forty thousand dollars (\$40,000) lawful money of the United States of America, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents. Signed, Sealed, and Dated this _____ day of _____ (year) ____ The condition of this obligation is such that, whereas, the above bounden Principal has or is about to make application to the Maryland Motor Vehicle Administration to obtain a Driving School License in order to conduct courses in driver training in accordance with the Transportation Article of the Annotated Code of Maryland and Regulations promulgated by the Administrator of Motor Vehicles, is required to furnish a Surety Bond. Now, therefore, if the above bounden Principal shall conduct the business in full compliance with those Sections of the Transportation Article, of the Annotated Code of Maryland, as set forth in the Regulations of the Maryland Motor Vehicle Administration, then this obligation shall be null and void; otherwise to remain in force and effect. This bond shall be for the use and benefit of the Maryland Motor Vehicle Administration and for any person who may suffer loss by reason of any violation of the above mentioned laws. This bond shall run concurrently with the period of the license granted to the Principal, and shall remain in full force and effect for any renewal thereof, provided, however, that the penalty of the bond may not be cumulative from year to year, and the total liability of the Surety herein, may not exceed the sum of forty thousand dollars (\$40,000) regardless of the number of license periods for which said bond is in force. The Surety may cancel this bond at any time by giving forty five (45) days written notice by registered or certified mail to the Maryland Motor Vehicle Administration, however, remaining liable for any defaults under this bond, committed prior to the expiration of such forty five (45) day period. Signature of President Signature of Vice President Seal Signature of Treasurer/ Secretary of Surety Signature of Principal (one of the above officers)



MVA Criminal Record Request Form	
Please place your photo driver's license below and photocopy.	
ē	
By my signature, I authorize the Motor Vehicle Administration to perform a crimina	l background check.
Signature	Date
Name of Business	☐ Title Service Agent ☐ Other
Type of License:	☐ Title Service Agent ☐ Other
Instructions for Criminal Background Request This form is to be used for the processing of your Maryland criminal background check. A for this service.	t the present time no fee will be charged
	2 8
This form must accompany all applications from licensees or anyone with a financial interes Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Pho	st in a business. yland Photo ID card on the
front of this form. If you have a change of address that does not appear on your license or your ID, pleas	se nate it on the form.
 Sign the photocopy. The photocopy which contains your original signature must be submitted with your apply Vehicle Administration. 	olication to the Motor
Out of State Residence:	checks from the
 Applicants will be required to request Criminal Justice Information System background appropriate Law Enforcement Agency in their state of residence. The background checks should not be sent directly from the appropriate Law Enforcer 	
Vehicle Administration. For identification purposes you must submit a clear legible copy of your out-of-state d	
Photo ID on this form.	
MVA Use Only:	
	/

DRIVER EDUCATION PROGRAM TRAINING VEHICLE FORM

School Name			School Number
	ADD VEHIC	LE	DELETE VEHICLE
Note: This for	Vehicle Identification must be submitted to vided, a new form to vided, a new form to vided.	ted before a vehicle may	Tag # (Perm/Temp) be used for training. If a temporary tag the permanent tag is received.
Year	Make	Model	Title #
	Ve	hicle Owner's Name (P	lease print)
I certify the a	bove vehicle is equi	ipped with (complete on	ly if adding a vehicle):
Initial	Instructor	Brake Pedal	
Initial	Instructor	Clutch Pedal (if manual	transmission)
Initial	Instructor'	's mirror as required in (COMAR
Initial	"Student I (as per CC	Driver" sign affixed to the DMAR)	ne rear of the vehicle
Initial	Signs with of the veh		one number affixed to both sides
Law and the	Code of Maryland Ante Inspection Certificate acturer's certificate	Agency Regulations (CC ficate (not required for n	ents as set forth in Maryland Vehicle DMAR). Enclosed is a copy of the lew vehicles titled within the same year rance, and a copy of the vehicle's
School auth	orized official (Print)		Title
(Sign)			Date



MOTOR VEHICLE ADMINISTRATION 6601 Ritchie Highway, N.E., Gien Burnle, Maryland 21062

Application For Approval

		PROVIDE SEPARATE FORM FOI complete both sides of the app)	
	nstruc Correc	ontice Permit - \$25.00 ctor License Renewal - \$135.00 cted Instructor/Apprentice License - \$20.0 cate Instructor/Apprentice License - \$20.0	DIP Instructor DIP Instructor	structor - \$135.00 ol & Drug Education Instructor	
Nam	ne of S	chool or Provider	School ID or Provider #	Instructor Number if applicable	Exp date
Ар	plica	ant Information: (Name & Address	s must match your Dri	ver's License)	
First	Name		Middle Name	Last N	lame
Stree	et Add	Iress	÷		
City			County	State	Zip Code
Ema	il Addı	ress D	ate of Birth (Month/Day/Year)	Phone N	lumber
Drive	er's Lic	cense Number	Exp Date	State Is	ssued
Yes	No □	Has your driver license or privilege to op this or any other state or District of Colu where (state)	ımbia? If yes when (mm-de		
		Are you at least 21 years of age and have	ve you held a driver's licens	se for the last three (3) consecutive	e years?
		Have you ever been convicted of any violation of the law, other than traffic violations? If yes, please explain in additional informational section or attach a separate sheet of paper.			
		Are you currently employed by the State	of Maryland? If so, what	agency?	
RE	NEV	VAL APPLICANTS ONLY			
Yes		I certify that in the past two years that I approved by the Administration. Please			-
		I certify that I have been observed and another school official.	evaluated at least 2 times in	n the last two years by the owner	of the school, or
Cer	tific	ation of School			
		I certify that the aforementioned individu	ual has in the last 2 years t	aught a minimum of 30 hours of p	rograms courses.
Certi	fying S	School number Certifying Scho	ool Official Signature	(Printed)	Date

NEW FOREIGN LANGUAGE APPLICANTS ONLY			
Yes	No	Are you applying to instruct Driver's Education in another langles of the specific so, please check the appropriate box and supply the pertain	
		Maryland Court Certified Translator- Must supply copy be	dge or other certification dated within the last 30 days.
		Maryland State Department of Education Certificate- Mus	at supply copy of certificate stating language certified in.
		Driver Instructional Services Division Testing	
If your request requires additional information, please supply here:			
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-			
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-		**************************************	
	115-		
Certification of Signator(s) It is illegal for anyone to give false or fictitious information for a Driver Instructors License, Apprentice Permit or a Remedial Program instructor's approval. Since the approval is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have his or her approval cancelled. Applicant Certification I certify, under penalty of perjury that the statements are true and correct. I am familiar with the Maryland Motor Vehicle certification laws and regulations concerning the conduct of remedial program instructors. I understand this approval is only valid while I am employed with an approved remedial program.			
Applic	ant's	s Signature	Date
School or Program Owner's Certification I acknowledge as owner, partner or department of education official of the licensed driver's school or Remedial Program listed that the information submitted by the applicant is true and that the applicant will be employed by me upon receipt of his/her approval. I certify under penalty of perjury that the statements are true and correct.			
Owner	r's Sig	ignature Title	Date





MVA Criminal Record Request Form			
Please place your photo driver's license below and photocopy.			
*			
By my signature, I authorize the Motor Vehicle Administration to perform a criminal background check.			
Signature			
Name of Business			
Type of License: ☐ Dealer ☐ Salesman ☐ Professional Driver Instructor ☐ Title Service Agent ☐ Other			
Instructions for Criminal Background Request This form is to be used for the processing of your Maryland criminal background check. At the present time no fee will be charged for this service.			
Maryland Residents: This form must accompany all applications from licensees or anyone with a financial interest in a business. Photocopy a clear legible copy of either your Maryland Photo Driver's License or a Maryland Photo ID card on the front of this form.			
 If you have a change of address that does not appear on your license or your ID, please note it on the form. 			
 Sign the photocopy. The photocopy which contains your original signature must be submitted with your application to the Motor Vehicle Administration. 			
Out of State Residence: Applicants will be required to request Criminal Justice Information System background checks from the			
 appropriate Law Enforcement Agency in their state of residence. The background checks should not be sent directly from the appropriate Law Enforcement Agency to the Motor 			
Vehicle Administration. For identification purposes you must submit a clear legible copy of your out-of-state driver's license or a Photo ID on this form.			
MVA Use Only:			